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Bib Data Sheet

CONFIRMATION NO. 8191

<b>SERIAL NUMBER</b> 10/614,866	<b>FILING OR 371(c) DATE</b> 07/07/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> CP 100
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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/393,876 07/05/2002 and claims benefit of 60/436,523 12/23/2002  
 and claims benefit of 60/443,226 01/28/2003  
 and claims benefit of 60/463,514 04/15/2003  
 and claims benefit of 60/463,518 04/15/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 10/03/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

**ADDRESS**  
 23579

**TITLE**

Abuse-deterrent pharmaceutical compositions of opioids and other drugs

<b>FILING FEE RECEIVED</b> 548	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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